



## Operational Status Report

### *Kentucky MMIS Project*

*Cabinet for Health and Family Services  
Department for Medicaid Services*

Status Week Ending December 28, 2012

#### Cabinet for Health and Family Services Department for Medicaid Services

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## Table of Contents

<b>1</b>	<b>Executive Summary .....</b>	<b>3</b>
<b>2</b>	<b>Kentucky MSIS Data Status .....</b>	<b>5</b>
<b>3</b>	<b>New KY MMIS Status .....</b>	<b>6</b>
3.1	DCR Release Implementation Dashboard .....	6
3.2	Analysis of DCR's Pulled from Release (As of 11-29-2012) .....	7
<b>4</b>	<b>Paper Claim Statistics .....</b>	<b>8</b>
<b>5</b>	<b>System Changes and Corrections .....</b>	<b>11</b>
5.1	HP Enterprise Services Initiated DCRs for Week Ending 12/28/2012 .....	11
5.2	Promoted to Production / Cancelled for Week Ending 12/28/2012 .....	11
5.3	Data Fixes Completed for Week Ending 12/21/2012 .....	11
5.4	Proposed for HP Release– December 2012 Baseline – FINAL .....	12
5.5	Maintenance and Modification Hours – 12/1/2009 – 11/30/2010 .....	14
<b>6</b>	<b>Ad hoc Reports.....</b>	<b>15</b>
<b>7</b>	<b>Weekly Claims Operations .....</b>	<b>16</b>
7.1	Final Payment Summary .....	16
7.2	Adjudicated Original Claims (By Claim).....	17
7.3	Flush Report Claim Statistics.....	17
7.4	Flush Report Error Occurrences Statistics .....	18
7.5	Bad File Claim Statistics .....	18
7.6	Bad File Defects.....	18
7.7	Top Denial Reasons (By Detail Line).....	18
7.8	Mailroom .....	19
7.9	Top Suspense Reasons (By Detail Line).....	19
7.10	Suspended Original Claims by Age (By Claim) .....	19
7.11	Total Suspended Claims by Location (By Claim) .....	20
7.12	Claims Suspense Over 30 Days by Responsible Unit (By Claim).....	20
7.13	Claims Suspense Over 90 Days .....	20
<b>8</b>	<b>Third-Party Liability .....</b>	<b>21</b>
8.1	Third-Party Liability Weekly Activity.....	21
<b>9</b>	<b>Finance/Adjustments.....</b>	<b>22</b>
9.1	Financial - Cash.....	22
9.2	Financial - Checks .....	22
9.3	Financial – Adjustments.....	22
9.4	Financial - Age of Adjustments .....	23
9.5	Financial - Mass Adjustments .....	23
<b>10</b>	<b>Provider Relations .....</b>	<b>24</b>
10.1	Provider Communications.....	24
10.1.1	Most Common Provider Calls .....	24
10.2	Provider Visits, Mini-Workshops, Teleconferences, Special Meetings, Training .....	24
10.2.1	Provider Visits .....	24
10.2.2	Teleconferences .....	24
10.2.3	Representative Training.....	24
10.2.4	Association Meetings .....	24
10.2.5	Research.....	24
10.2.6	Workshops .....	24
10.2.7	Accomplishments.....	25
10.3	Training .....	25

10.3.1	Current Activities .....	25
10.4	Looking Ahead .....	25
10.4.1	Training Summary .....	25
10.5	Provider Services .....	26
10.5.1	Provider Services Calls .....	26
10.5.2	Phone Services .....	27
10.5.3	Written Correspondence .....	28
10.5.4	Communication Publications .....	28
<b>11</b>	<b>Unplanned System Outages .....</b>	<b>29</b>
<b>12</b>	<b>Bulletin Board System .....</b>	<b>30</b>
<b>13</b>	<b>Electronic Data Interchange .....</b>	<b>31</b>
13.1	Electronic Data Interchange Weekly Activity .....	31
13.2	Electronic Data Interchange Calls Received .....	32
13.3	Email Requests .....	32
<b>14</b>	<b>MEUPS Calls Received .....</b>	<b>33</b>
<b>15</b>	<b>Voice Response .....</b>	<b>34</b>

## 1 Executive Summary

Claims Processed	164,216
Total Dollars Paid	\$24,737,839.48
Paper Claims Paid	2,259
Paper Claims Denied	1,589
Electronic Claims Paid	115,509
Electronic Claims Denied	44,859
Paper Claims % of Total Adjudicated Claims	2.34%
Electronic Claims % of Total Adjudicated Claims	97.66%
% Denied Paper Claims	41.29%
Denied Electronic Claims	27.97%
Claims Held in Cash Management	65,143
Dollars Held in Cash Management	\$12,156,026.52
Capitation Financial Transactions	1,448,598
Capitation Financial Payments	\$269,595,745.94
Suspended Claims	7,657
Total Suspended Claims > 90 Days	360
Encounter Load	
Dental	December 2012
Institutional	December 2012
Professional	December 2012
Pharmacy	December 2012
Pharmacy Claim Load	December 2012
Transportation Claim Load	January 2012
Provider Services Calls Received	969
Provider Services Current Service Level %	99%

**NOTE:** Decrease in inventories during week ending December 28, 2012 due to holidays on December 24<sup>th</sup> and 25<sup>th</sup>.

**Executive Summary – Continued**

Description	Change Order	Defect	Total
Total Open Change Orders / Defects as of 12/28/2012:	253	65	318
Total Emergency Change Orders/ Defects:	15	1	16
Total Priority Change Orders/ Defects:	117	7	124
Total Non – Priority Change Orders / Defects:	121	57	178
<b>Change Orders / Defects:</b>			
Completed During Week Ending 12/28/2012	4	2	6
Scheduled For December Release	26	1	27
Release projects marked as emergency by DMS	0	0	0
<b>Emergency Change Orders:</b>			
Completed	0	1	1
In Work	4	1	5
To Be Worked	11	0	11
Total	15	1	16
<b>Priority Change Orders:</b>			
Completed	1	0	1
In Work	48	2	50
To Be Worked	69	5	74
Total	117	7	124
<b>Completed Non-Priority List:</b>			
(Config., Suspense Reduction, Prod issues, etc.)	3	1	4
Completed Fast Track items	0	0	0

**\*10 of the 318 open CO/Defects are related to the HIPAA II 5010 project.**

**\*1 of the 318 open CO/Defects are related to the HIPAA II/5010-Extra project.**

**\*99 of the 318 open CO/Defects are child CO/Defects.**

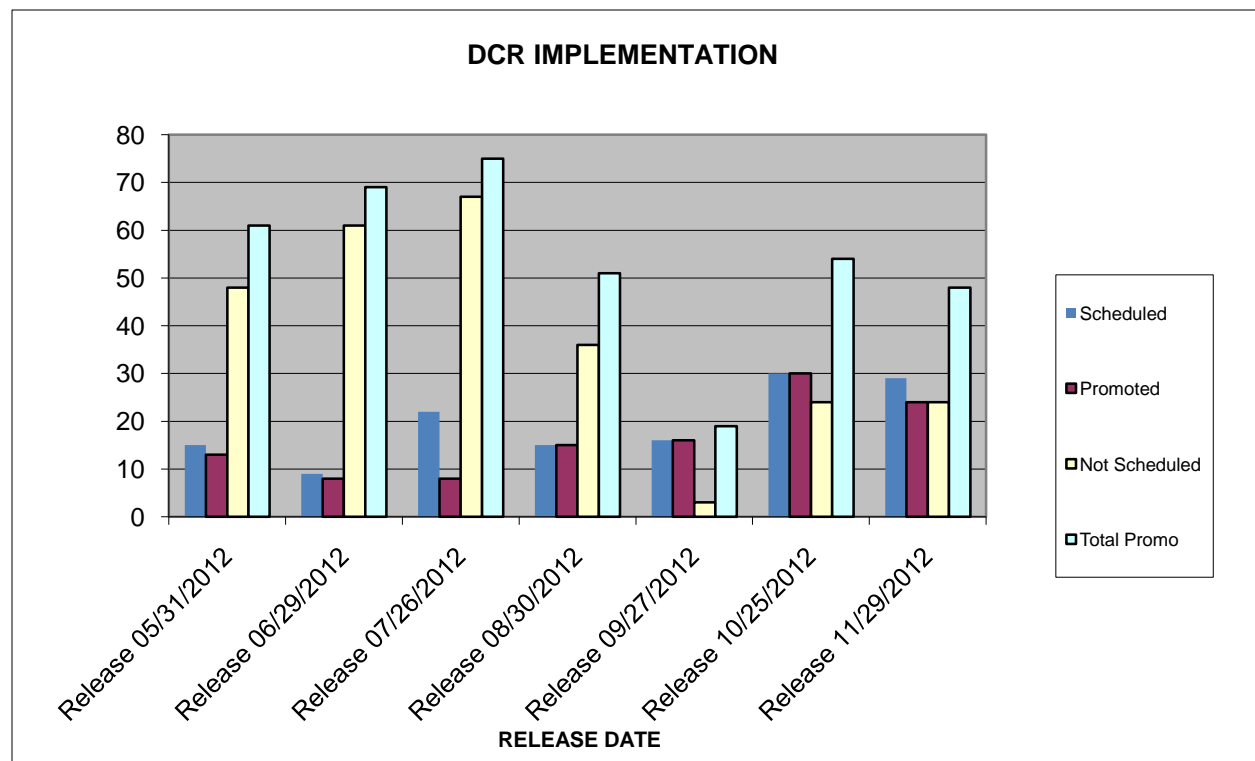
## 2 Kentucky MSIS Data Status

	ELIGIBLE	CLAIMIP	CLAIMLT	CLAIMOT	CLAIMRX
<b>Q1 2012</b> <b>Oct - Dec</b>	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12
<b>Q2 2012</b> <b>Jan - Mar</b>	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12
<b>Q3 2012</b> <b>Apr - Jun</b>	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12
<b>Q4 2012</b> <b>Jul - Sep</b>	Submitted to CMS/MPR 11/5/12	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12

### 3 New KY MMIS Status

#### 3.1 DCR Release Implementation Dashboard

Release	Scheduled	Promoted	Not Scheduled	Total Promo	% of Scheduled	% Not Scheduled
Release 05/31/2012	15	13	48	61	86.67%	78.69%
Release 06/29/2012	9	8	61	69	88.89%	88.41%
Release 07/26/2012	22	8	67	75	36.36%	89.33%
Release 08/30/2012	15	15	36	51	100.00%	70.59%
Release 09/27/2012	16	16	3	19	100.00%	15.79%
Release 10/25/2012	30	28	24	54	100.00%	44.44%
Release 11/29/2012	29	24	24	48	82.76%	50.00%



**3.2 Analysis of DCR's Pulled from Release (As of 11-29-2012)**

CO#	Business Area	Description	Current Status	Comments
18171	Claims	FFS Claim Recoup for MCO Enrolled Members	Construction in Progress	Extended to 12/14
18526	Financial	FFS Recoupment for MCO Members-Financial	Testing Sent - DMS	Extended to 12/14
18527	Claims	Create Process to Identify FFS Claims to be Recoup	MO Testing in Progress	Extended to 12/14
18528	Financial	FFS Recoupment for MCO Members A/R Letter	Construction in Progress	Extended to 12/14
18404	Reference Data Maintenance	5292	MO Testing in Progress	Extended to 12/20



## 4 Paper Claim Statistics

A total of 164,216 claims were adjudicated this week for a total claim payment amount of \$24,737,839.48 and a total payment amount of \$294,327,874.54

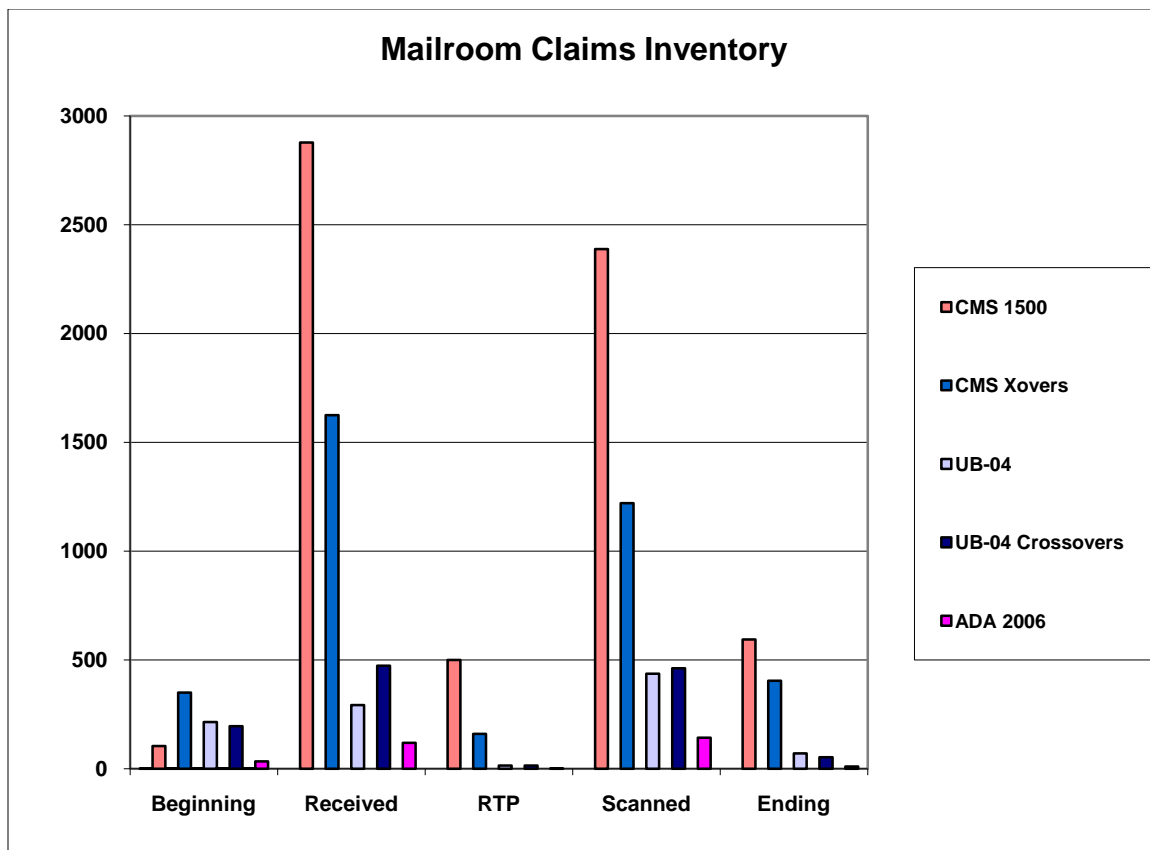
Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
CMS 1500	104	2,878	500	2,388	594	0 days
CMS Crossovers	350	1,625	160	1,220	405	0 days
UB-04	214	292	15	436	70	0 days
UB-04 Crossovers	195	473	15	615	53	0 days
Dental ADA 2006	33	119	2	142	10	0 days
<b>Total</b>	<b>546</b>	<b>5,387</b>	<b>692</b>	<b>4,801</b>	<b>1,132</b>	

**Note: CMS crossover receipts and ending inventory totals are estimates. Claim Forms:**

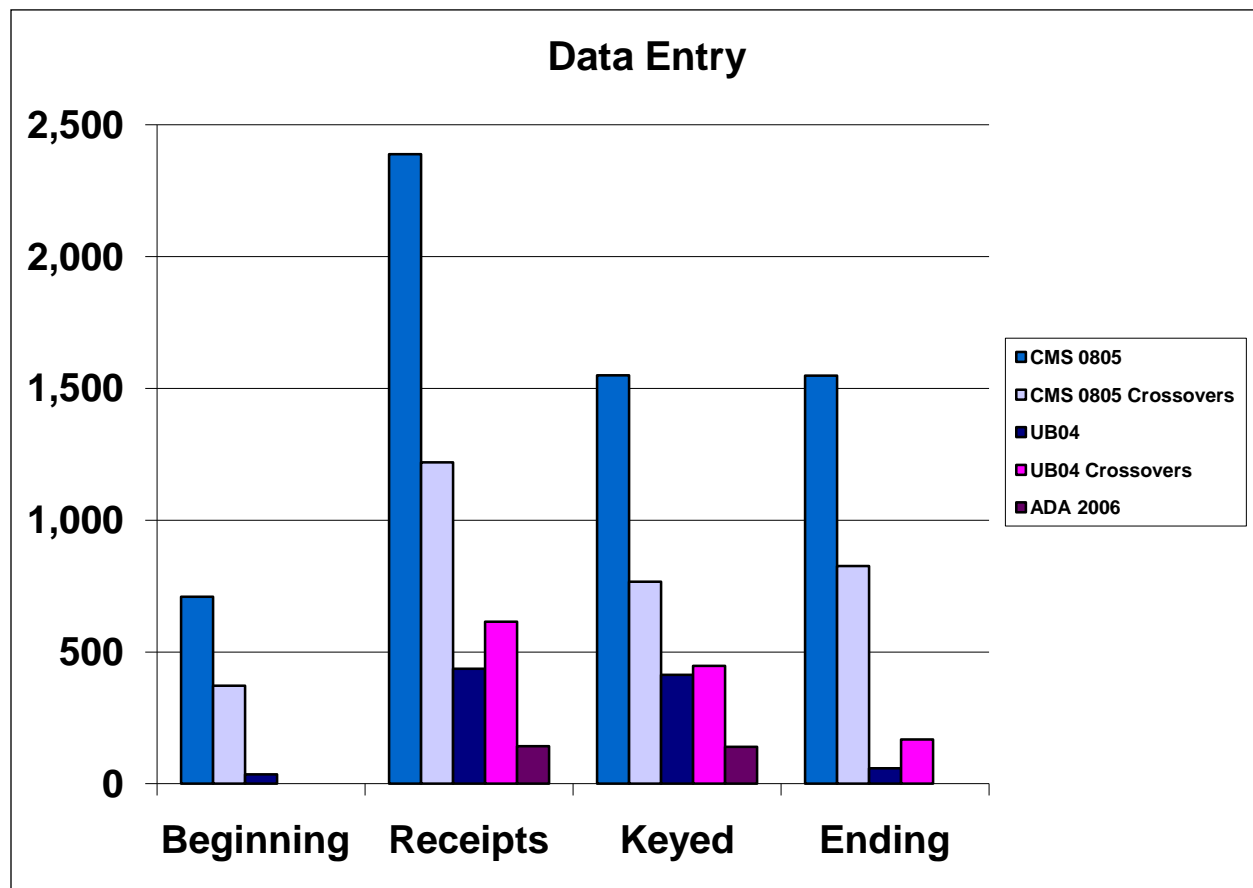
**CMS 08/05** - mandatory 8/20/2007.

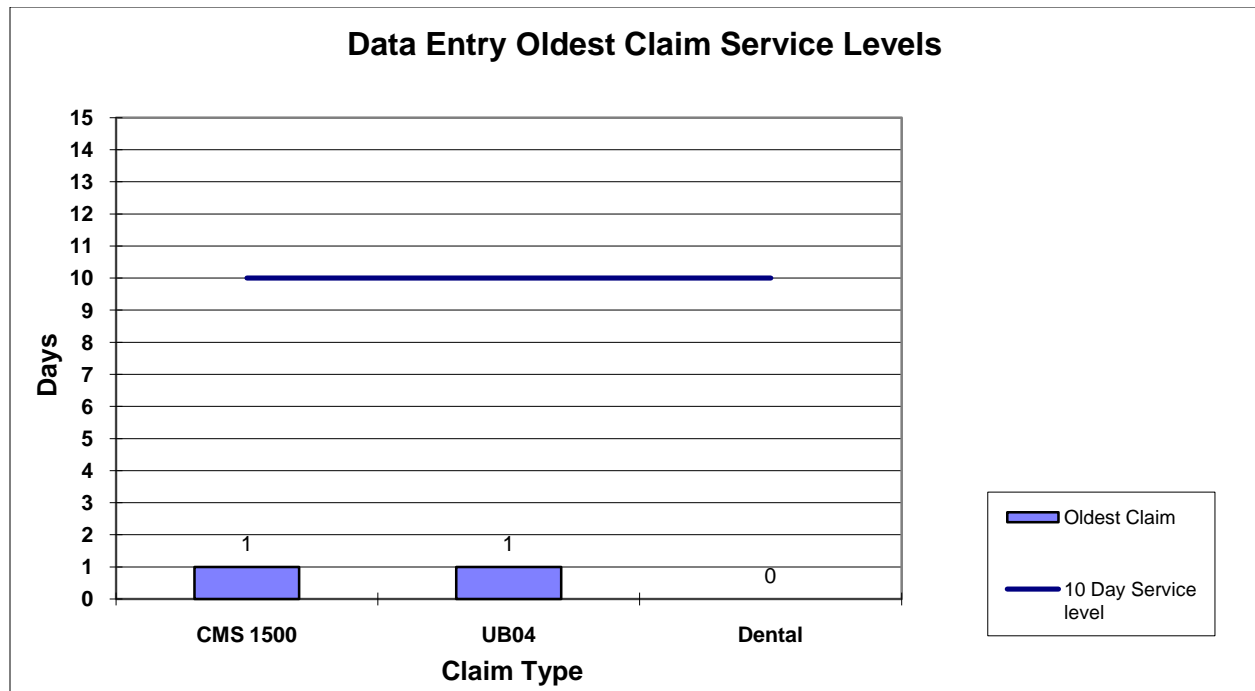
**UB04** – mandatory 5/23/2007.

**Dental ADA 2006** - mandatory 6/4/2007.



Data Entry	Beginning Inventory	Receipts	Keyed	Ending Inventory	Oldest Julian	Date	Oldest Claim
CMS 1500 08/05	710	2,388	1,550	1,548	362	12/27/12	1
CMS 1500 Crossovers	372	1,220	766	826	362	12/27/12	1
UB04	36	436	413	59	363	12/28/12	0
UB04 Crossovers	0	615	447	168	362	12/27/12	1
Dental ADA 2006	0	142	142	0	363	12/28/12	0
<b>Total</b>	<b>1,118</b>	<b>4,801</b>	<b>3,318</b>	<b>2,601</b>			





**Note: CMS Crossover and UB04 Crossover excluded from 10 day standard**

## 5 System Changes and Corrections

### 5.1 HP Enterprise Services Initiated DCRs for Week Ending 12/28/2012

ID	Defect Description	CSR Type	Subsystem	Grouping	Sub Grouping	Add Date
19165	Batch County Code Special Circumstance	Change Order	Member Data Maintenance	Batch		12/27/2012
19166	UI County Code Special Circumstance	Change Order	Member Data Maintenance	UI		12/27/2012
19168	DB County Code Special Circumstance	Change Order	Member Data Maintenance	Data Model		12/27/2012
19172	Fix Region 31 PA Medical Extract	Defect	Prior Auth	Batch		12/28/2012

### 5.2 Promoted to Production / Cancelled for Week Ending 12/28/2012

ID	Subsystem	CSR Type	Description	Resolution Date	Release Type	Release
19098	Managed Care	Defect	Exclude historied county code segments from 834	12/24/2012	Non-Priority	MMIS 12.12.10
13064	Financial	Change Order	Medicare Recovery - Letters	12/27/2012	Non-Priority	MMIS 12.12.11
19151	Claims	Change Order	Add rev codes as valid for MFP	12/27/2012	Non-Priority	MMIS 12.12.11
13061	Financial	Change Order	Implement Medicare Recovery	12/28/2012	Non-Priority	MMIS 12.12.12
19015	Internet	Change Order	Presumptive Eligibility Change	12/28/2012	Priority	MMIS 12.12.12
19172	Prior Auth	Defect	Fix Region 31 PA Medical Extract	12/28/2012	Emergency	MMIS 12.12.12

### 5.3 Data Fixes Completed for Week Ending 12/21/2012

Data fixes are now done under Defects and Change Orders; they are reported in that section upon completion.

**5.4 Proposed for HP Release– December 2012 Baseline – FINAL**

CO#	CO/ Defect	Business Area	Description	Current Status	Requested As Emergency	HPES Proposed Baseline
18171	Change Order	Claims	FFS Claim Recoup for MCO Enrolled Members	On Hold	N	12/28/2012
18404	Change Order	Reference Data Maintenance	5292	Testing Sent - DMS		12/20/2012 Extended to 1/31/2013
18450	Change Order	Data Warehouse	UNV - Add MCO tables to DSS	Define/Analyze In Progress	N	12/31/2012 Extended to 1/31/2013
18522	Change Order	Claims	hospice providers bill for bed hold days	Prod Implemented 12/18/2012	N	12/20/2012
18526	Change Order	Financial	FFS Recoupment for MCO Members-Financial	On Hold	N	12/28/2012
18527	Change Order	Claims	Create Process to Identify FFS Claims to be Recoup	On Hold	N	12/28/2012
18528	Change Order	Financial	FFS Recoupment for MCO Members A/R Letter	On Hold	N	12/28/2012
18584	Change Order	Managed Care	Capitation batch for Region 31 - 18559	Prod Implemented 12/21/2012		12/20/2012 Status was not updated until 12/21
18602	Change Order	Reference Data Maintenance	PIDL update	On Hold		12/20/2012
18725	Change Order	Provider Data Maintenance	PT 64 License Cleanup	Prod Implemented 12/7/2012		12/7/2012
18806	Change Order	Provider Data Maintenance	Provider MCO Files	Testing Approved - DMS		12/31/2012 Extended to 1/01/2013
18810	Change Order	Managed Care	Open Enrollment letter for Region 31 - CO 18559	Testing Approved - DMS		12/31/2012 Extended to 1/04/2013
18848	Change Order	Encounter	encounters only-837P dup logic change Phase II	Prod Implemented 12/13/2012		12/20/2012
18862	Change Order	Claims	NCPDP Translator Change	Prod Implemented 12/31/2012		12/31/2012

CO#	CO/ Defect	Business Area	Description	Current Status	Requested As Emergency	HPES Proposed Baseline
18883	Change Order	Managed Care	Add Reg 31 MCOs to MCO Mem Err Respon file & batch	Prod Implemented 12/20/2012		12/20/2012
18891	Change Order	Provider Data Maintenance	After 12/31/12 Don't Run/Send File from PRVJM862	Prod Implemented 12/20/2012		12/31/2012
18892	Change Order	Provider Data Maintenance	Create/send Prov Inact & Term Report Humana & PHP	Prod Implemented 12/20/2012		12/31/2012
18893	Change Order	Provider Data Maintenance	Create/send Lic Renew Letter Report Humana & PCP	Prod Implemented 1/1/2013		12/31/2012 Extended to 1/01/2013
18894	Change Order	Provider Data Maintenance	Create/send License Shutdown Report Humana & PHP	Prod Implemented 1/1/2013		12/31/2012 Extended to 1/01/2013
18895	Change Order	Provider Data Maintenance	Create/send ADO Notice Report Humana & Passport	Prod Implemented 1/1/2013		12/31/2012 Extended to 1/01/2013
18896	Change Order	Provider Data Maintenance	Create/send ADO Prov Shutdown Report Humana & PHP	Prod Implemented 1/1/2013		12/31/2012 Extended to 1/01/2013
18945	Change Order	Financial	New Fln Rpt for outstanding AR balance each QTR	Define/Analyze In Progress		12/20/2012 Extended to 1/04/2013
18954	Change Order	Managed Care	Shut down R3 Passport Roster	Prod Implemented 1/1/2013		12/31/2012 Extended to 1/01/2013
18962	Change Order	Managed Care	Testing MCO MC letters for new MCOs	Prod Implemented 12/7/2012		12/7/2012
18973	Change Order	Managed Care	Stop expecting MCO Member file from R3	Prod Implemented 1/1/2013		12/31/2012 Extended to 1/01/2013
19006	Change Order	Managed Care	Remove Reg 3 from MC Reports 12/31/2012	Prod Implemented 1/1/2013		12/31/2012 Extended to 1/04/2013
19018	Defect	Claims	Encounter Tracking Panel Paging Issue	Prod Implemented 12/20/2012		12/20/2012

**5.5 Maintenance and Modification Hours – 12/1/2009 – 11/30/2010**

<b>2009/2010</b>	<b>Hours Available</b>	<b>Hours Used</b>	<b>Rate</b>	<b>Cost</b>	<b>Approved Hours</b>	<b>Cost of Approved Hours</b>	<b>Remaining Hours</b>	<b>Remaining Dollar Pool</b>
Tier I - Maintenance	NA	Under Review	NA	NA	NA	NA	NA	NA
Tier II – Modification	12,000	Under Review	\$73.65	Under Review	0.00	\$0.00	Under Review	Under Review
Tier III – Modification	10,000	0	\$73.65	\$0.00	0.00	\$0.00	10,000.00	\$674,000.00
Tier IV – Modification	Above 22,000		TBD		0			

Tier I – Maintenance may result from a determination that a deficiency exists within the operational KY MMIS, including deficiencies found after takeover of modifications incorporated into the operational KY MMIS, or that continued efficiency can be maintained or achieved through the proposed activity. Included in the base rate.

Tier II – Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Initial 12,000 hours/operational year included in the base rate.

Tier III - Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Additional 10,000 hours/operational year at a defined rate.

Tier IV - Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Additional hours at a negotiated rate.

## 6 Ad hoc Reports

	Beginning	Received	Closed	On Hold	Ending Inventory	Oldest Request Overdue
Type A	0	1	1	0	0	0
Type B	0	0	0	0	0	0
Type C	2	0	0	1	2	0
Type D	2	0	0	0	2	0
Type E	0	0	0	0	0	0
HP Enterprise Services	0	2	2	0	0	0
<b>Total</b>	4	3	3	1	4	0

\*On Hold may be cumulative across multiple weeks

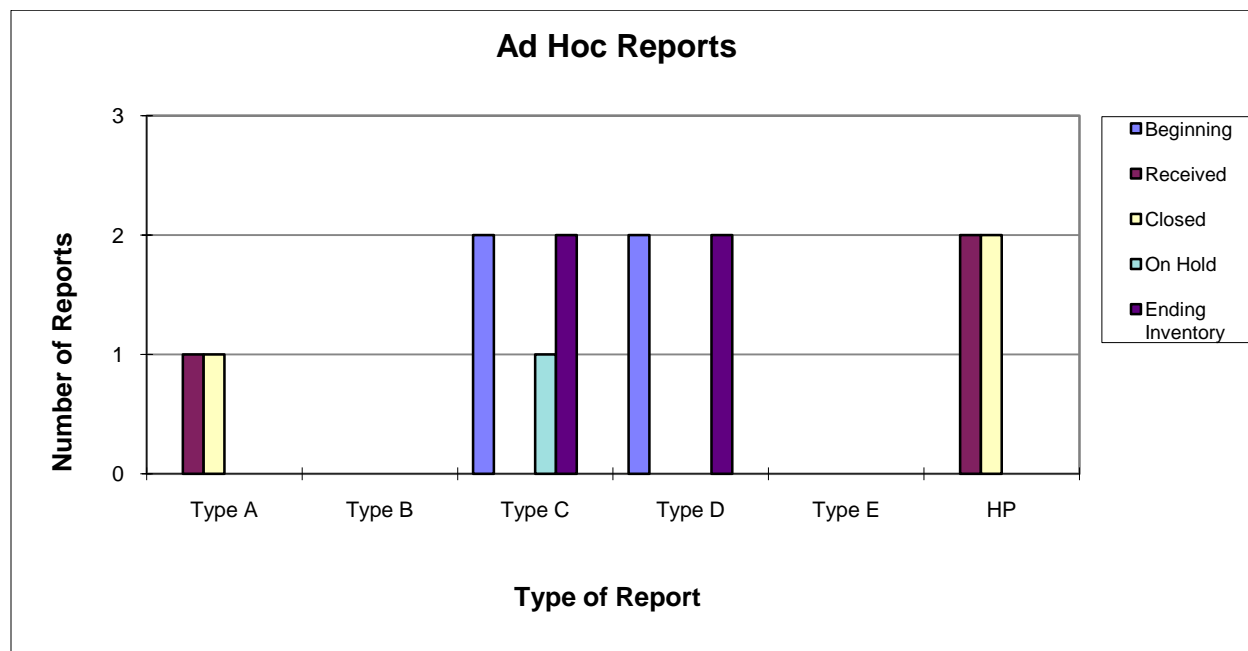
Type A – completed correctly within twenty-four (24) hours of receipt

Type B – completed correctly and delivered within forty-eight (48) hours of request

Type C – completed correctly and delivered within seven (7) business days of request

Type D – completed correctly and delivered within time frame established by DMS (greater than seven (7) business days)

Type E – Emergency reports completed correctly within two (2) hours of submitted request.





## 7 Weekly Claims Operations

### 7.1 Final Payment Summary

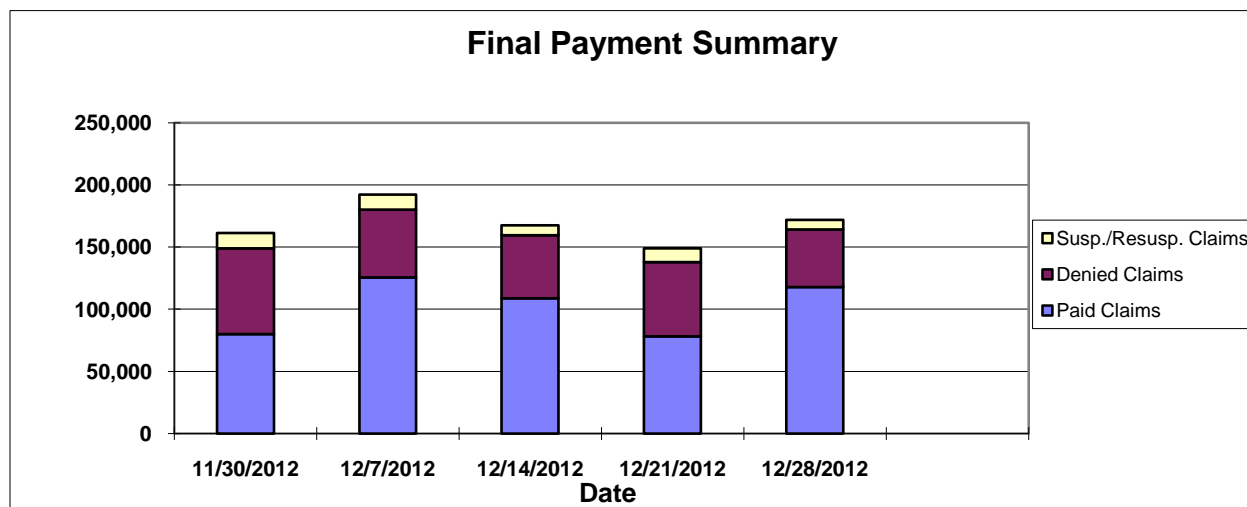
Category	11/30/12	12/07/12	12/14/12	12/21/12	12/28/12
Paid Claims	79,953	125,649	108,804	78,352	117,768
Denied Claims	69,153	54,433	50,916	59,563	46,448
<b>Total Adjudicated Claims</b>	<b>149,106</b>	<b>180,082</b>	<b>159,720</b>	<b>137,915</b>	<b>164,216</b>
Adjustments	4,008	3,803	2,892	3,519	3,156
<b>Total Claims</b>	<b>153,114</b>	<b>183,885</b>	<b>162,612</b>	<b>141,434</b>	<b>167,372</b>
Suspended/Resuspended Claims	12,402	12,181	7,920	11,238	7,657
Claim Payment Amount	\$17,594,200.62	\$84,860,615.66	\$42,393,729.66	\$24,449,635.59	\$24,737,839.48
(+) Payouts	\$188,360.68	\$4,504,403.33	\$1,093,276.00	\$14,280,268.72	\$517,693.84
(-) Recoupments	-\$834,951.97	-\$1,008,749.64	-\$1,173,224.50	-\$966,453.86	-\$523,404.72
<b>Check Issue</b>	<b>\$16,947,609.33</b>	<b>\$88,356,269.35</b>	<b>\$42,313,781.16</b>	<b>\$37,763,450.45</b>	<b>\$24,732,128.60</b>
<b>Capitation Payment</b>	<b>\$194,836,883.74</b>	<b>\$5,340,306.89</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$269,595,745.94</b>
<b>Total Paid</b>	<b>\$211,784,493.07</b>	<b>\$93,696,576.24</b>	<b>\$42,313,781.16</b>	<b>\$37,763,450.45</b>	<b>\$294,327,874.54</b>

**Five week average payment equals \$101,173,026.57**

Recoupments - The amount withheld from provider payments because of outstanding accounts receivable (money owed to the Medicaid program by providers)

Category	12/02/11	12/09/11	12/16/11	12/23/11	12/30/11
Paid Claims	119,337	163,872	122,538	109,225	66,945
Denied Claims	74,397	94,396	90,425	94,632	41,664
<b>Total Adjudicated Claims</b>	<b>193,734</b>	<b>258,268</b>	<b>212,963</b>	<b>203,857</b>	<b>108,609</b>
Adjustments/Claim Credits	4,702	5,648	5,109	3,648	2,764
<b>Total Claims</b>	<b>198,436</b>	<b>263,916</b>	<b>218,072</b>	<b>207,505</b>	<b>111,373</b>
Suspended/Resuspended Claims	13,686	13,665	15,398	12,654	12,532
Claim Payment Amount	\$68,170,351.48	\$67,968,988.49	\$39,689,613.63	\$25,473,914.14	\$15,403,294.70
(+) Payouts	\$67,869.58	\$9,576,484.93	\$14,493.80	\$6,900,961.43	\$6,989.32
(-) Recoupments	-\$1,211,197.97	-\$1,558,017.18	-\$1,695,657.16	-\$997,631.01	-\$515,040.85
<b>Check Issue</b>	<b>\$67,027,023.09</b>	<b>\$75,987,456.24</b>	<b>\$38,008,450.27</b>	<b>\$31,377,244.56</b>	<b>\$14,895,243.17</b>
<b>Capitation Payment</b>	<b>\$50.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$252,126,870.07</b>
<b>Total Paid</b>	<b>\$67,027,073.09</b>	<b>\$75,987,456.24</b>	<b>\$38,008,450.27</b>	<b>\$31,377,244.56</b>	<b>\$267,022,113.24</b>

**Five week average payment equals \$88,754,501.77**



## 7.2 Adjudicated Original Claims (By Claim)

Paper Claims	11/30/12	12/07/12	12/14/12	12/21/12	12/28/12	Average
Paid	2,730	2,666	2,433	1,629	2,259	2,343
Denied	3,424	4,000	4,077	3,277	1,589	3,274
Total	6,154	6,666	6,510	4,906	3,848	5,617
% of Total Adjudicated Claims	4.13%	3.70%	4.07%	3.56%	2.34%	3.55%
% of Paper Denied Claims	55.64%	60.00%	62.63%	66.80%	41.29%	58.28%

Electronic Claims	11/30/12	12/07/12	12/14/12	12/21/12	12/28/12	Average
Paid	77,223	122,983	106,371	76,723	115,509	99,762
Denied	65,729	50,433	46,839	56,286	44,859	52,829
Total	142,952	173,416	153,210	133,009	160,368	152,591
% of Total Adjudicated Claims	95.87%	96.30%	95.92%	96.44%	97.66%	96.45%
% of Electronic Denied Claims	45.98%	29.08%	30.57%	42.32%	27.97%	34.62%

**Total % Denied Claims – 28.3%**

## 7.3 Flush Report Claim Statistics

	UB04	CMS	Dental	Pharm	Total
Paid Claims in Error	0	7	0	0	7
Denied Claims in Error	28	63	0	0	91
Suspended Claims in Error	0	0	0	0	0
<b>Total Claims in Error</b>	<b>28</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>98</b>

## 7.4 Flush Report Error Occurrences Statistics

Error Number	Total Failures
3003 – No Recip Base Not Found	0
5030 – Proc Fund Codes <> Hdr Paid Amts	4
5040 – Invalid Fund Code	1
5080 – Adj. Claim Amt > Original Claim Amt	0
5081 – Cash + Adj <> Orig. Claim	4
9991 – Adj Mother Info Not Found	66
9997 – Daughter Claim Prov <> Mom Claim Prov	28
<b>Total # of Occurrences</b>	<b>103</b>

## 7.5 Bad File Claim Statistics

	11/30/12	12/07/12	12/14/12	12/21/12	12/28/12
CLAIMS	0	0	1	1	3
PHARMACY	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>3</b>

**Oldest Claim (Receipt Date) – December 12, 2012**

## 7.6 Bad File Defects

Defect #	Description	Status	Claim Count
16785	Hospice Assignment Plan	Cancelled 07/9/12	0
18833	Memory Issue	DMS Analyst Review Complete 10/29/12	0

## 7.7 Top Denial Reasons (By Detail Line)

Error	Description	Number of Denials
1010	Rendering Provider Not A Mem Of Billing Grp	17,663
2017	Services Covered Under Member's MCO Plan	15,239
4021	No Coverage for Billed Procedure	14,274
4804	No Contract for Billed Rev Code	13,151
3317	This Service Was Not Approved by Medicare	10,499
1955	Cannot Determine Medicaid NBR for Billing Prov	9,502
5001	Exact Duplicate	8,081
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	6,913
268	Billed Amount Missing	6,164
1032	Billing Provider Not Eligible to Bill This Clm Typ	5,681

## 7.8 Mailroom

Imaging	Beginning Inventory	Receipts	Scanned	Ending Inventory	Oldest Item
Adjustment	0	118	118	0	0 days
Checks	0	216	216	0	0 days
RTP'S	0	692	692	0	0 days
Provider Enrollment	0	412	412	0	0 days

## 7.9 Top Suspense Reasons (By Detail Line)

Error	Description	Failures
1046	Facility Provider is Not Eligible	5,750
1047	Billing Provider is Not Eligible	5,698
2001	Member ID Number Not on File	3,648
5001	Exact Duplicate	2,887
6201	New Patient Med Svcs Lmt 1 or 2/Dentist	2,404
4405	Unable to Assign Provider Contract	1,662
2505	Member Covered by Private Insurance (w/attch)	1,422
3305	Member Requires Valid PT Liability for DOS	721
3001	PA Not Found on Database	641
3395	Hospice Eligibility	374

## 7.10 Suspended Original Claims by Age (By Claim)

Category	12/07/12		12/14/12		12/21/12		12/28/12	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	11,655	95.68	7,426	93.76	10,471	93.17	6,687	87.33
31-60 days	147	1.21	113	1.43	356	3.17	556	7.26
61-90 days	49	.40	46	.58	61	.55	54	.71
91+ days	330	2.71	335	4.23	350	3.11	360	4.70
<b>Total</b>	<b>12,181</b>		<b>7,920</b>		<b>11,238</b>		<b>7,657</b>	

**7.11 Total Suspended Claims by Location (By Claim)**

Category	12/07/12		12/14/12		12/21/12		12/28/12	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
Resolutions	1,925	15.80	661	8.35	2,968	26.41	861	11.24
Med. Review	1,500	12.31	1,535	19.38	690	6.14	515	6.73
TPL	1,304	10.71	1,319	16.65	1,315	11.70	1,385	18.09
Adjustments	603	4.95	222	2.80	326	2.90	270	3.52
DMS	525	4.31	543	6.86	599	5.33	610	7.97
Recycle**	6,324	51.92	3,640	45.96	5,340	47.52	4,016	52.45
<b>Total</b>	<b>12,181</b>		<b>7,920</b>		<b>11,238</b>		<b>7,657</b>	

\*\*"Recycle" suspense consists of claims failing edits that must recycle for 8, 9, or 10 days before adjudicating.

**Note: Region 52 (Mass Adjustments) = 95.7% of suspense volume**

**Region 58 (SE Mass Adjustments) = 2.3% of suspense volume**

**Region 80 (SE Reprocessed Claims) = 0.0% of suspense volume**

**Region 90 (Special Batched Claims) = 0.0% of suspense volume**

**7.12 Claims Suspense Over 30 Days by Responsible Unit (By Claim)**

Category	11/30/12	12/07/12	12/14/12	12/21/12	12/28/12
Resolutions	58	42	7	5	5
Med.Review	18	21	26	25	26
TPL	3	12	0	257	457
Adjustments	12	11	11	9	9
Recycle	0	0	1	0	0
DMS	427	440	449	471	473
<b>Total</b>	<b>518</b>	<b>526</b>	<b>494</b>	<b>767</b>	<b>970</b>

**7.13 Claims Suspense Over 90 Days**

Suspense Inventory	Beginning Inventory	Received	Worked	Ending Inventory
	350	10	0	360

## 8 Third-Party Liability

### 8.1 Third-Party Liability Weekly Activity

Third Party Liability	Begin Inv	Received	Worked	To DMS	Ending Inventory	# Checks Exempt from 10 Day Requirement
PA40-Kames/Eligibles with Other Ins.	0	15	15	0	0	0
CS40-Child Support	0	0	0	0	0	0
SSI-Local Offices	0	0	0	0	0	0
TPL Edits	1320	48	0	0	1,368	0
Accident/Trauma Leads	0	0	0	0	0	0
DMS Attorney	0	0	0	0	0	0
RUSH Attorney	1	3	3	0	1	0
HP Attorney	12	25	23	0	14	0
KY Assigned	0	0	0	0	0	0
Paternity	0	0	0	0	0	0
TPL Checks	158	66	47	0	177	0
HMS Checks	67	65	132	0	0	0
L P Mail-(Carriers)	1349	553	826	0	1,076	0
Purged Data Research	0	0	0	0	0	0
Sus/Indicator	0	0	0	0	0	0
KHIPPS	0	0	0	0	0	0
<b>Total</b>	<b>2,907</b>	<b>775</b>	<b>1,046</b>	<b>0</b>	<b>2,636</b>	<b>0</b>

#### 8.1.1.1 Comments # Checks Exempt from 10 Day Requirement:

All checks in an exempt status can be viewed in Onbase under report FIN-2752. These checks are either awaiting documentation or are too large to complete in 10 days

Application of refunds to claim history is at 06 days

Online Interchange Updates are at 30 days

## 9 Finance/Adjustments

### 9.1 Financial - Cash

Category	Beginning Inventory	Received	Keyed	Return to Provider	To DMS	On Hold	Ending Inventory
Accounts Receivable Set-up	1	11	11	0	0	0	1
Payouts	0	0	0	0	0	0	0
Accounts Receivable Updates	9	16	16	0	0	0	9
Accounts Receivable Transfers	0	0	0	0	0	0	0
<b>Total</b>	<b>10</b>	<b>27</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>

### 9.2 Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check	Julian date
Warrant	17	5	0	22	4	355
Financial	652	69	74	647	3	356
DMS	308	11	0	319	1	363
<b>Total</b>	<b>977</b>	<b>85</b>	<b>74</b>	<b>988</b>		

### 9.3 Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory
Professional	0	76	50	26	0
Institutional	0	17	14	3	0
Voids	0	25	23	2	0
System Req Adj	0	0	0	0	0
Systems Req voids	0	0	0	0	0
EMC Adjustments	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>118</b>	<b>87</b>	<b>31</b>	<b>0</b>

**9.4 Financial - Age of Adjustments**

Category	Oldest Claim	Oldest Julian
Professional Straight	-----	-----
Professional Crossovers	-----	-----
Dental	-----	-----
Claim Credits	-----	-----
Institutional Straight	-----	-----
Institutional Crossovers	-----	-----

**9.5 Financial - Mass Adjustments**

Category	Beginning Inventory	Received	Entered	On Hold	Ending
Mass Adjustment (region 52)	0	0	0	0	0
Adjustments-Processed by HP SE (region 58)	0	0	0	0	0
Mass Credit	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

Category	In Process	Released	Deleted
Mass Adjustment (region 52)	75	0	0
Adjustments-Processed by HP SE (region 58)	0	0	0
Mass Credit	0	0	0
<b>Total</b>	75	0	0



## **10 Provider Relations**

### **10.1 Provider Communications**

#### **10.1.1 Most Common Provider Calls**

1. Claim Status
2. Eligibility
3. 5010 Inquiries
4. Prior Authorization
5. Managed Care Inquiries
6. Member Calls/Member Services
7. Provider NPI/Taxonomy Inquiries
8. Check Amount
9. KyHealth Net Inquiries
10. Service Limitations

### **10.2 Provider Visits, Mini-Workshops, Teleconferences, Special Meetings, Training**

#### **10.2.1 Provider Visits**

There are no provider visits to report.

#### **10.2.2 Teleconferences**

There are no teleconferences to report.

#### **10.2.3 Representative Training**

There is no representative training to report.

#### **10.2.4 Association Meetings**

There are no association meetings to report.

#### **10.2.5 Research**

##### **DMS**

There is no DMS research to report.

##### **Provider**

There is no Provider research to report.

#### **10.2.6 Workshops**

There are no provider workshops to report.

**10.2.7 Accomplishments**

There are no operational activities to report.

**10.3 Training****10.3.1 Current Activities**

There was no training held this week.

**10.4 Looking Ahead**

The First Quarter 2013 training schedule has been distributed to Commonwealth users.

**10.4.1 Training Summary**

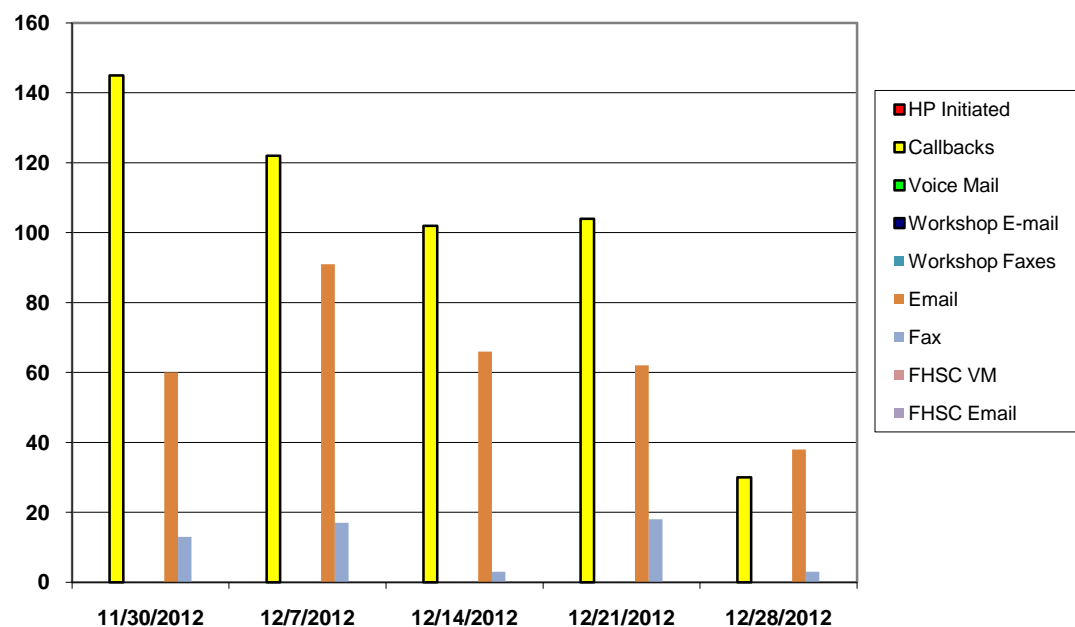
Category	Conducted
Provider Workshops	0
COMMONWEALTH	0
HP Enterprise Services	0

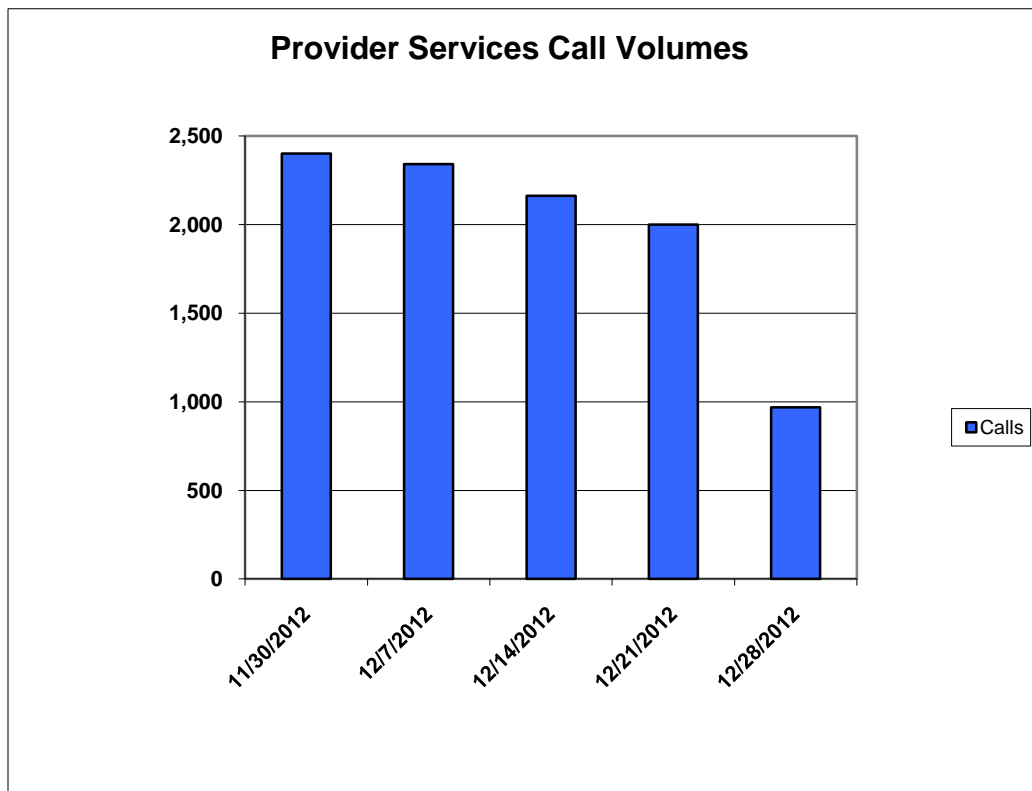
## 10.5 Provider Services

### 10.5.1 Provider Services Calls

Category	11/30/12	12/07/12	12/14/12	12/21/12	12/28/12
Incoming	2,401	2,342	2,163	2,000	969
HP Enterprise Services Initiated Calls	0	0	0	0	0
Callbacks	145	122	102	104	30
Voice Mail	0	0	0	0	0
Workshop E-Mail	0	0	0	0	0
Workshop Faxes/RSVP	0	0	0	0	0
Electronic E-Mail	60	91	66	62	38
Electronic Fax	13	17	3	18	3
FHSC/Voice Mails	0	0	0	0	0
FHSC/E-Mail	0	0	0	0	0
FHSC/Fax	0	0	0	0	0
Total	2,619	2,572	2,334	2,184	1,040

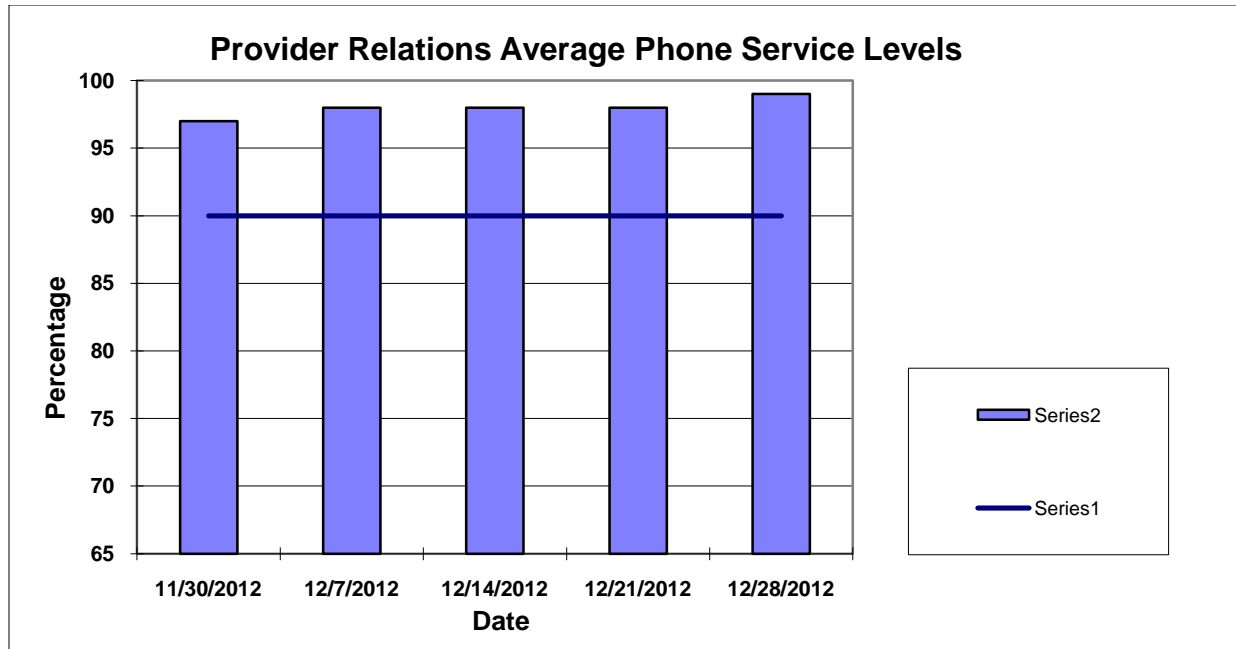
**Provider Services Contacts  
(excluding incoming calls)**





### 10.5.2 Phone Services

Category	11/30/12	12/07/12	12/14/12	12/21/12	12/28/12
Avg Answer Time (min/sec)	1:05	.38	.46	.29	.09
Abandoned Calls	78	60	46	38	5
Avg Abandon Time (min/sec)	1:17	1:08	1:13	1:14	.36
% Service Level	97.00 %	98.00 %	98.00 %	98.00 %	99.00 %



### 10.5.3 Written Correspondence

	Beginning Inventory	Received	Completed	Ending Inventory	Oldest (Julian Date)
Paper	0	75	75	0	0(000)
Email	5	38	40	3	3(362)
Telephone	0	0	0	0	0
Telephone provider inquiry research	1	2	3	0	0

### 10.5.4 Communication Publications

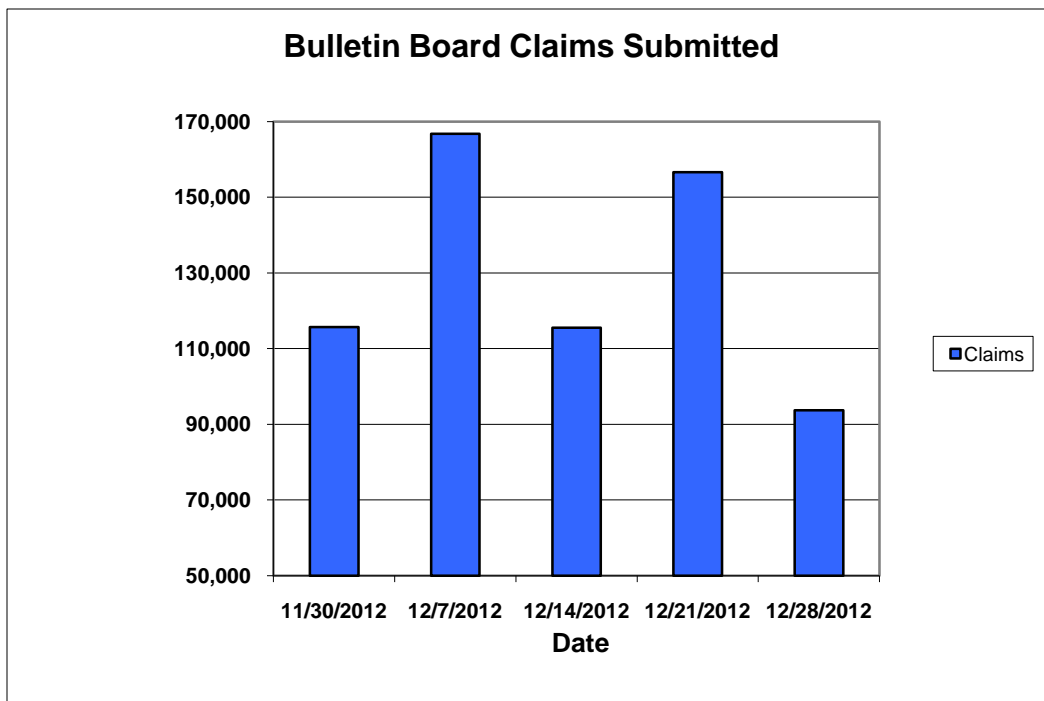
Mailed	Other Distribution	Total
0	0	0

## 11 Unplanned System Outages

A Breakdown Of The Downtime		
Date	Minutes	Reason For Downtime
12/28/2012	0	

## 12 Bulletin Board System

	11/30/2012	12/07/2012	12/14/2012	12/21/2012	12/28/2012
Number of Claims Submitted	115,703	166,745	115,562	156,672	93,674



## 13 Electronic Data Interchange

### 13.1 Electronic Data Interchange Weekly Activity

This measure reflects the number of providers testing. Multiple tests may be needed before a provider is approved for electronic billing but the provider is counted only once in each category.

\*NPI tests are included in totals, and then broken out in the last stat.

#### BBS Test

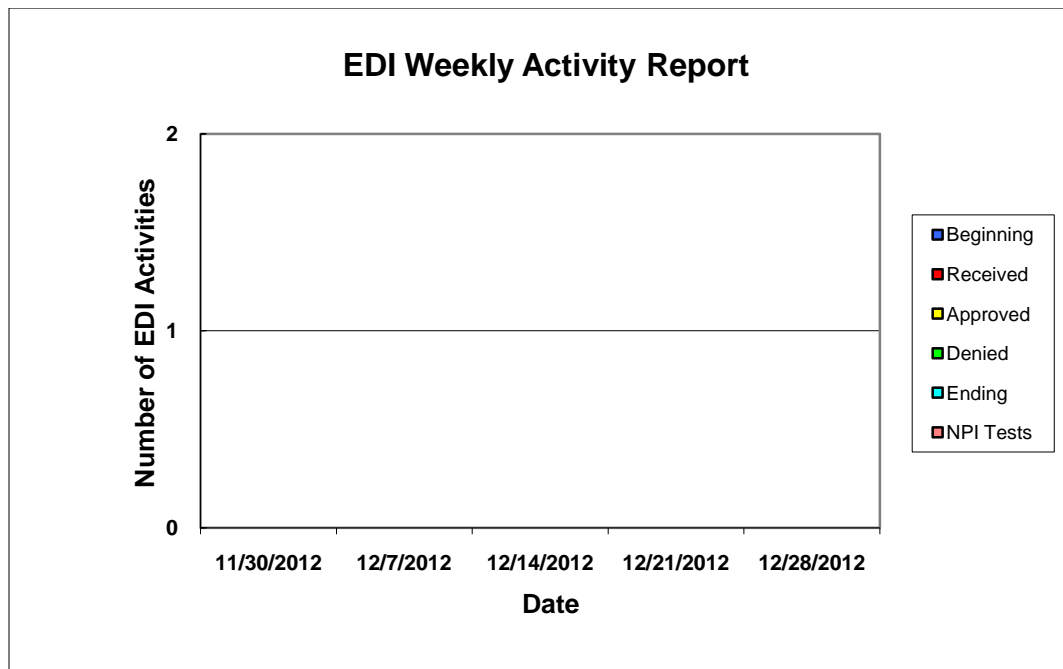
Category	11/30/2012	12/07/2012	12/14/2012	12/21/2012	12/28/2012
Beginning Inventory	0	0	0	0	0
Tests Received	0	0	0	0	0
Tests Approved	0	0	0	0	0
Tests Denied	0	0	0	0	0
New Providers Submitting	0	0	0	0	0
Ending Inventory	0	0	0	0	0
NPI Test*	0	0	0	0	0

#### New Providers Submitting

No new providers submitting to report.

#### New Trading Partners Still Testing

No new trading partners still testing to report.



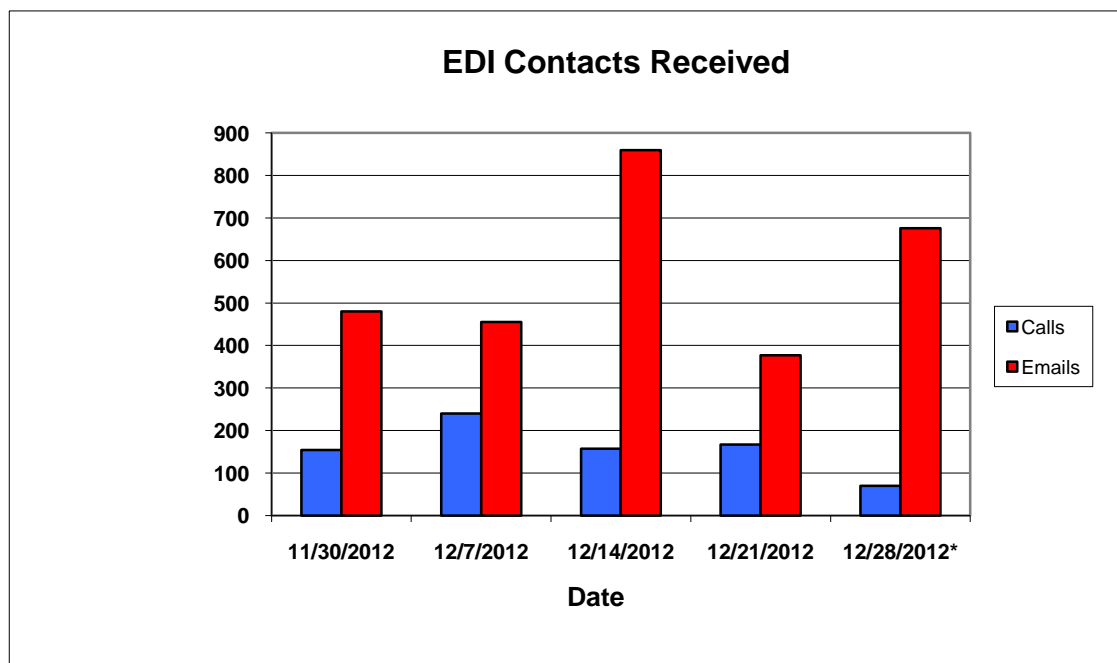


### 13.2 Electronic Data Interchange Calls Received

Category	11/30/2012	12/07/2012	12/14/2012	12/21/2012	12/28/2012
EDI Calls	154	240	157	167	70
Abandoned Calls	6	8	0	3	0
Avg Speed of Answer	:14	:14	:17	:09	:05
Avg Talk Time	2:53	2:47	3:04	3:17	2:14

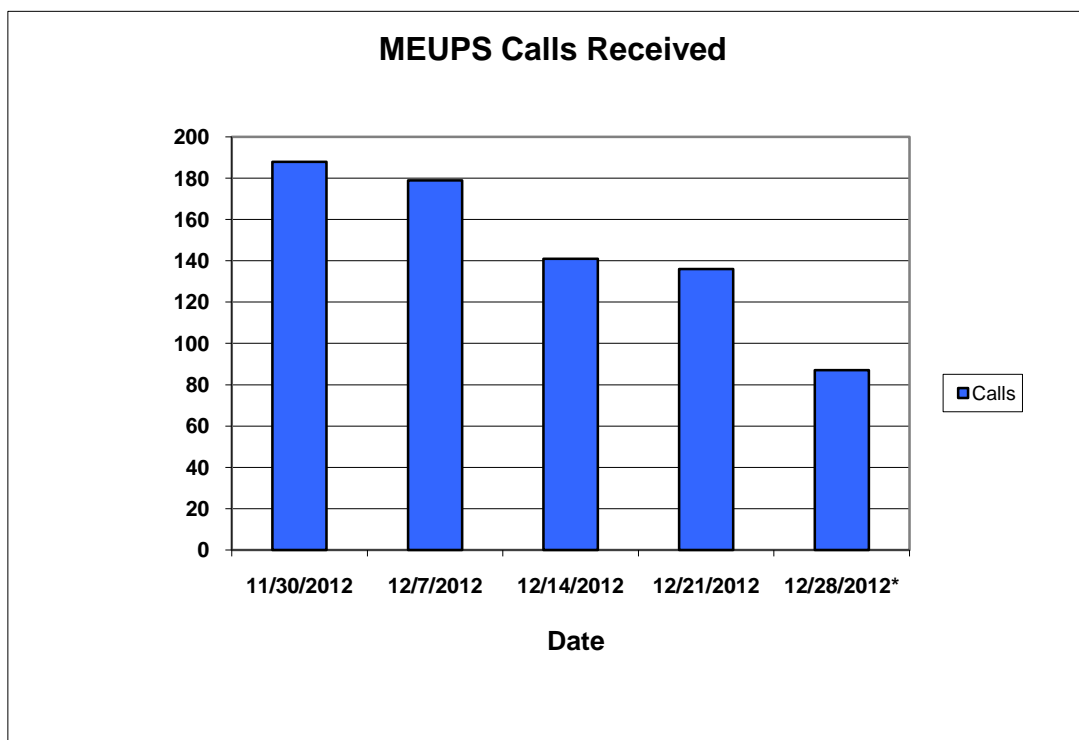
### 13.3 Email Requests

Category	11/30/2012	12/07/2012	12/14/2012	12/21/2012	12/28/2012
Emails Received	480	455	859	377	676
Answered	480	455	859	377	676



## 14 MEUPS Calls Received

Category	11/30/2012	12/07/2012	12/14/2012	12/21/2012	12/28/2012
MEUPS Calls	188	179	141	136	87
Avg Speed of Answer	0:11	0:11	0:17	0:14	0:05
Avg Talk Time	2:10	2:07	2:07	2:02	1:46



## 15 Voice Response

Category	11/30/2012	12/07/2012	12/14/2012	12/21/2012	12/28/2012
Calls Completed	2,146	2,391	2,180	2,132	1,019
Avg. Speed of Answer	:01	:01	:01	:01	:01
Avg. Talk Time	1:33	1:33	1:31	1:31	1:35

